



Original

See 77-215-A for original signatures

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 3-30-78	1. Agency Address <i>Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512; Northwest Ga. Regional Hosp. Rome, Ga. 30161</i>	Application Number 77-162-A	
Application Number <i>DHR 5-8</i>		Date Received MAR 31 1978	Date Completed APR 11 1978
2. Person to Contact <i>Bonnie Green</i>		Working Title <i>Administrative Aide</i>	Telephone Number <i>GIST 231-6169</i>
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <i>77-154/62214 215</i> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest <i>1968</i> Latest <i>to date</i>		5. Records Series Title (followed by title used in office, if different) <i>Tuberculosis Control Client Records (see attached listing)</i>	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <i>The Division of Physical Health provides direction, coordination and advocacy for multifaceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia; The Local Health Activity, the Family Health Activity and the Community Health Activity.</i> <i>The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.</i>			
7. Record Series Description		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: <i>See Attached.</i> Included are: File is arranged:	
8. Monthly Reference Rate		How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?	
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Bonnie J. Green</i>	3/27/78	<i>W. J. McDonald</i>	3-30-78
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	4-7-78
		Secretary of State/Designee	4-7-78
		Attorney General/Designee	4-11-78

77-215-A

Tuberculosis Control X-Ray Screening Files

Documents relating to determining if persons screened in an X-ray Clinic are infected or diseased with tuberculosis.

Included are X-ray films from County X-ray Clinics and private physicians.

Files are arranged within two sections, positive and negative, thereunder by patient identifier.

Negative - Cut off file at the end of the calendar year; hold in current files area 3 years; then destroy.

Positive - Upon declaration the patient is inactive, place X-ray in the inactive file, hold 7 years in current files area then transfer to State Records Center, hold 8 years then destroy.

X-rays to be recycled according to current State guidelines.

77-214-A

Tuberculosis Suspect Files

Documents relating to identifying and locating persons suspected of being infected with tuberculosis.

Included are Basic TB Service Record (PD 5.3); Interstate Reciprocal Notification of Disease (NCDC- HEW, HSM 4.337); TB Culture Identification; Weekly Laboratory Infectious Agent Report (3082); reference type material including correspondence, physician's memoranda and notes and similar and related information.

Files are arranged within two sections, thereunder alphabetically by name.

Basic TB Service Record

Negative - Upon receipt of negative test results, place document in negative results area, cut off file at the end of each calendar year; hold in current files area 3 years; then destroy .

Positive - Upon receipt of positive test results, place document in positive results area, cut off file at the end of the calendar year, hold in current files area 7 years; then destroy.

Interstate Reciprocal Notification of Disease

Cut off file at the end of the calendar year, hold in current files area 3 years; then destroy.

TB Culture Identification

Positive - Place in TB Case File

Negative - Upon receipt of negative test results place document in negative results area, cut-off file at the end of each calendar year; hold in current files area 3 years; then destroy.

Weekly Laboratory Infectious Agent Report - Destroy when no longer needed for reference.

Tuberculosis Interviewer's Sheet -

Destroy when computer report is verified.

Preventive Treatment Roster

Cut-off file at the end of the fiscal year; hold in current files area 5 years; then destroy.

✓ 77-162-A

Tuberculosis Contact Files

Documents relating to identifying contacts to diagnosed cases of infectious tuberculosis.

Included are TB Interviewer's Sheet (DD 5.10); Preventive Treatment Roster and similar and related information.

77-154-A

Tuberculosis Control Program Management Evaluation Files

Documents relating to evaluating program effectiveness with a view to making program improvements. Included are: forms prescribed by United States Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of State Services, Tuberculosis Control Division: CDC 5.62 (Summary Report - Indices of Drug Therapy); CDC 5.61 (Summary Report - Index of Bacteriologic Conversion of Sputum); CDC 5.63 (Summary Report - Completion of Prevention Treatment); CDC 5.4018-5 (Tuberculosis Program Management Report - Contact and Other Infected Persons Under Supervision); CDC 5.4018.1 (Tuberculosis Program Management Report - Case Register); and CDC 5.1393 (Annual Tuberculosis Statistical Summary). The file is arranged by fiscal year.

Cut-off file at the end of the fiscal year; hold in current files area 5 years; then retire to State Archives for permanent retention.



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		1. Agency Address	FOR RECORDS MANAGEMENT USE	
Application Date 5/24/77		Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	Application Number 77-162	
Application Number DHR-145			Date Received MAY 27 1977	Date Completed JUN 22 1977
2. Person to Contact Bonnie Green		Working Title Administrative Aide	Telephone Number GIST 231-6169	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void				
4. Dates of Series Earliest 1972 Latest To date		5. Records Series Title (followed by title used in office, if different) Tuberculosis Contact Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.				
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Identifying contacts to diagnosed cases of infectious tuberculosis. Included are: PD 5.10 - Georgia Department of Human Resources Tuberculosis Interviewer's Sheet (Rev. 1-75) CDC 5.4018-5 - Department of HEW, Public Health Service Center for Disease Control, Bureau of State Service Tuberculosis Control Division: Tuberculosis Program Management Report Contact and Other Infected Persons Under Supervision (Rev. 9-75) PD 5.3 - Basic TB Service Record (Rev. 1-75) HSM 4.337 (CDC) - Interstate Reciprocal Notification of Disease (Rev. 10-71) Other papers and records: Form letters and other correspondence; key punch cards; summary printouts. File is arranged: Alphabetically, by name, within counties arranged alphabetically.				
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>6/mo.</u> ; Seven to twelve months old <u>6/mo.</u> ; Thirteen to twenty-four months old <u>1/mo.</u> ; twenty-five months and older <u>2/yr.</u> ?				
9. Annual Rate of Accumulation of Records Letter-size drawers <u>one</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____				

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? Semi-annual

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 5 year(s); then
- ☒ Transfer to local holding area, hold 12 year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Willie J. McDonald DHR-RMO

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>H. T. Molloy</i>	<i>3/14/77</i>	<i>Bernie F. Green</i>	<i>3/14/77</i>

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	<i>6-24-77</i>
Secretary of State/Designee	<i>Carolee West</i>	<i>6-17-77</i>
Attorney General/Designee	<i>[Signature]</i>	<i>6-20-77</i>